EVANSVILLE MANUR			
470 GARFIELD AVENUE			
EVANSVILLE 53536 Phone: (608) 882-5700		Ownershi p:	Corporati on
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/00):	83	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/00):	83	Average Daily Census:	81
Number of Residents on 12/31/00:	81		

Services Provided to Non-Residents	*****	Age, Sex, and Primary Diagn	**************************************	********			
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	 %	Age Groups	 %	Less Than 1 Year 1 - 4 Years	33. 3 44. 4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4. 9	More Than 4 Years	22. 2
Day Servi ces	No	Mental Illness (Org./Psy)	19. 8	65 - 74	9. 9		
Respite Care	No	Mental Illness (Other)	2. 5	75 - 84	24. 7		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	46. 9	**************	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0. 0	95 & 0ver	13. 6	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	3. 7			Nursing Staff per 100 Re	esi dents
Home Delivered Meals	Yes	Fractures	0. 0		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	7.4	65 & 0ver	95. 1	[
Transportation	No	Cerebrovascul ar	19. 8			RNs	9. 2
Referral Service	No	Di abetes	1. 2	Sex	%	LPNs	9. 9
Other Services	No	Respi ratory	2. 5			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	43. 2	Male	25. 9	Aides & Orderlies	64. 0
Mentally Ill	No [Female	74. 1		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		Medi (Titl			Medic (Title			0th	er	Pı	ri vate	Pay	 I	/anage	d Care		Percent
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	1	2. 2	\$120. 15	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	1. 2%
Skilled Care	-		\$232. 96	$4\overline{5}$	97. 8	\$102.06	ŏ	0. 0	\$0.00	21		\$130.00	ŏ	0. 0	\$0.00	68	84. 0%
Intermedi ate				0	0.0	\$0.00	0	0.0	\$0.00	12	36. 4	\$130.00	0	0.0	\$0.00	12	14. 8%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	2	100.0		46	100. 0		0	0.0		33	100.0		0	0.0		81	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Conditions, Servi	ces, and Activities as o	of 12/31/00
seachs suring hepoteting ferrou				% Needi ng		Total
Percent Admissions from:		Activities of	%	Assi stance of	% Totally	Number of
Private Home/No Home Health	7. 9	Daily Living (ADL)	Independent	One Or Two Sta	ff Dependent	Resi dents
Private Home/With Home Health	0. 0	Bathi ng	0.0	77. 8	22. 2	81
Other Nursing Homes	8. 9	Dressi ng	11. 1	66. 7	22. 2	81
Acute Care Hospitals	74. 3	Transferring	18. 5	55. 6	25. 9	81 81
Psych. HospMR/DD Facilities	0. 0	Toilet Use	18. 5	55. 6	25. 9	81
Rehabilitation Hospitals	0. 0	Eating	13. 6	59. 3	27. 2	81
Other Locations	8. 9	*********	******	*******	***********	******
Total Number of Admissions	101	Continence		% Special T	reatments	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	11. 1 Recei vi	ng Respiratory Care	14. 8
Private Home/No Home Health	37. 6	Occ/Freq. Incontinen			ng Tracheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel		ng Suctioning	1. 2
Other Nursing Homes	3. 0				ng Ostomy Care	4. 9
Acute Care Hospitals	23.8	Mobility	_		ng Tube Feeding	3. 7
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	4. 9 Recei vi	ng Mechanically Altered	Di ets 37.0
Rehabilitation Hospitals	0. 0					
Other Locations	5.0	Ski n Care			ident Characteristics	
Deaths	30. 7	With Pressure Sores			vance Directives	86. 4
Total Number of Discharges		With Rashes		2.5 Medication		
(Including Deaths)	101			Recei vi	ng Psychoactive Drugs	42. 0
**********	****	*****	****	****	****	*****

		Ownershi p:		Bed Size:		Li ce	ensure:		
	Thi s	This Proprietary		50- 99		Skilled		Al l	
	Facility	ility Peer Group		Peer Group		Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97. 6	82. 5	1. 18	87. 3	1. 12	84. 1	1. 16	84. 5	1. 15
Current Residents from In-County	67. 9	83. 3	0. 82	80. 3	0.85	83. 5	0. 81	77. 5	0. 88
Admissions from In-County, Still Residing	18. 8	19. 9	0. 95	21. 1	0.89	22. 9	0. 82	21. 5	0. 87
Admissions/Average Daily Census	124. 7	170. 1	0. 73	141. 8	0. 88	134. 3	0. 93	124. 3	1.00
Discharges/Average Daily Census	124. 7	170. 7	0. 73	143. 0	0.87	135. 6	0. 92	126. 1	0. 99
Discharges To Private Residence/Average Daily Census	46. 9	70.8	0. 66	59. 4	0. 79	53. 6	0. 87	49. 9	0. 94
Residents Receiving Skilled Care	85. 2	91. 2	0. 93	88. 3	0. 96	90. 1	0. 95	83. 3	1.02
Residents Aged 65 and Older	95. 1	93. 7	1. 01	95.8	0. 99	92. 7	1.03	87. 7	1.08
Title 19 (Medicaid) Funded Residents	56. 8	62. 6	0. 91	57. 8	0. 98	63. 5	0.89	69. 0	0. 82
Private Pay Funded Residents	40. 7	24. 4	1. 67	33. 2	1. 23	27. 0	1.51	22. 6	1.80
Developmentally Disabled Residents	0. 0	0.8	0.00	0. 7	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Residents	22. 2	30. 6	0. 73	32. 6	0. 68	37. 3	0. 60	33. 3	0. 67
General Medical Service Residents	43. 2	19. 9	2. 17	19. 2	2. 25	19. 2	2. 25	18. 4	2.34
Impaired ADL (Mean)	56 . 5	48. 6	1. 16	48. 3	1. 17	49. 7	1. 14	49. 4	1. 15
Psychological Problems	42. 0	47. 2	0.89	47. 4	0.89	50. 7	0.83	50. 1	0.84
Nursing Care Required (Mean)	8. 5	6. 2	1. 38	6. 1	1.40	6. 4	1. 32	7. 2	1. 19